

United States District Court  
NORTHERN DISTRICT OF CALIFORNIA

ARMANDO VINCENT MUNOZ

**SUMMONS IN A CIVIL CASE**

CASE NUMBER: CV 07-03846 JF

v.

JAMES TILTON, ET AL

TO:

DIRECTOR JAMES TILTON  
CA DEPARTMENT OF CORRECTIONS  
AND REHABILITATION

P.O. BOX 942883; 1515"S" STREET  
SACRAMENTO, CA 94283

**YOU ARE HEREBY SUMMONED** and required to serve upon PLAINTIFF'S ATTORNEY

ARMANDO V. MUNOZ *K-30296*  
CORRECTIONAL TRAINING FACILITY  
P.O. BOX 705  
SOLEDAD, CA 93960-0705

an answer to the complaint which is herewith served upon you, within **20** days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

*Richard W. Wicksing*  
\_\_\_\_\_  
CLERK  
*Gordana Macic*  
\_\_\_\_\_  
Gordana Macic  
(BY) DEPUTY CLERK

March 7, 2008  
\_\_\_\_\_  
DATE

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>ARNANDO VINCENT MUÑOZ</b>		COURT CASE NUMBER <b>C07-03846 JT</b>
DEFENDANT <b>JAMES TILTON, ET AL.</b>		TYPE OF PROCESS <b>SEE BELOW</b>
SERVE 	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>JAMES TILTON, DIRECTOR</b>	
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>CA DEPARTMENT OF CORRECTIONS AND REHABILITATION P.O. BOX 942883; 1515 "S" STREET SACRAMENTO, CA 94283</b>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285 <b>2</b>
<input type="checkbox"/> <b>ARNANDO V. MUÑOZ #30296 CORRECTIONAL TRAINING FACILITY P.O. BOX 705 SOLEDAD, CA 93960-0705</b>		Number of parties to be served in this case <b>8</b>
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

1. SUMMONS AND COMPLAINT
2. ORDER OF SERVICE

Signature of Attorney or other Originator requesting service on behalf of: <b>GORDANA MACIC</b>		<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER <b>408-535-5382</b>	DATE <b>3/10/2008</b>
		<input type="checkbox"/> DEFENDANT		

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)	Date of Service	Time am pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: